



PTO/SB/21 (08-03)

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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/359,975
Filing Date	July 23, 1999
First Named Inventor	David B. Weiner et al
Art Unit	1636
Examiner Name	W. Sandals
Total Number of Pages in This Submission	MAR 12 2004
	Attorney Docket Number
	UPAP0002-100

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i> <b>Request for Continue Examination Transmittal:</b> Attachments to Amendment: Abstract of Monger Allegory (1988) 23:225-35; Abstract of J. Pediatrics (1999) 134:589-96.; Abstract of Turk J. Pediatr. (1992) 34:203-9.; Package Insert for BayTet® (Tetanus Immune Globulin (Human)); Package Insert for BayRab® (Rabies Immune Globulin (Human)); Package Insert for BayGam® (Immune Globulin (Human)); Package Insert for BayHep B® (Hepatitis B Immune Globulin (Human)); postcard receipt
Remarks		<i>Express Mail: EL964554863US</i>

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Daniel M. Scolnick, Ph.D., Regis. No. 52,201
Signature	
Date	March 5, 2004

## CERTIFICATE OF MAILING

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Date	March 5, 2004

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# FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 2250.00)

Complete If Known

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Filing Date	July 23, 1999
First Named Inventor	David B. Weiner et al.
Examiner Name	W. Sandals
Art Unit	1636
Attorney Docket No.	UPAP0002-100(136826)

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*MAR 12 2004*

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)			
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account							
Deposit Account Number: 50-1275				<b>3. ADDITIONAL FEES</b>			
Deposit Account Name: COZEN O'CONNOR				Large Entity   Small Entity			
The Director is authorized to: (check all that apply)							
<input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.							
FEE CALCULATION							
1. BASIC FILING FEE							
Large Entity		Small Entity		Fee Description   Fee Paid			
Fee Code	Fee (\$)	Fee Code	Fee (\$)				
1001	770	2001	385	Utility filing fee			
1002	340	2002	170	Design filing fee			
1003	530	2003	265	Plant filing fee			
1004	770	2004	385	Reissue filing fee			
1005	160	2005	80	Provisional filing fee			
SUBTOTAL (1)				(\$ 0)			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE							
Total Claims	40	-61 **	= 0	Extra Claims	Fee from below	Fee Paid	
Independent Claims	3	-3 **	= 0	X			
Multiple Dependent				X			
Large Entity		Small Entity		Fee Description   Fee Paid			
Fee Code	Fee (\$)	Fee Code	Fee (\$)				
1202	18	2202	9	Claims in excess of 20			
1201	86	2201	43	Independent claims in excess of 3			
1203	290	2203	145	Multiple dependent claim, if not paid			
1204	86	2204	43	** Reissue independent claims over original patent			
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2)				(\$ 0)			
**or number previously paid, if greater. For Reissues, see above							
*Reduced by Basic Filing Fee Paid   SUBTOTAL (3)   (\$ 2250)							

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Complete (if applicable)

SUBMITTED BY		Complete (if applicable)			
Name (Print/Type)	Daniel M. Scolnick, Ph.D.	Registration No. (Attorney/Agent)	52,201	Telephone	215.665.6928
Signature	<i>Daniel M. Scolnick</i>		Date	March 5, 2004	

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